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CONFIRMATION NO. 6560

<b>SERIAL NUMBER</b> 10/277,698	<b>FILING OR 371(c) DATE</b> 10/22/2002 <b>RULE</b>	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2621	<b>ATTORNEY DOCKET NO.</b> 02-5777 1496.00270
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## APPLICANTS

Elliot N. Linzer, Suffern, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/415,943 10/02/2002 \* (\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

11/20/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials <u>AK</u>				

## ADDRESS

24319

## TITLE

Compressed video format with partial picture representation

<b>FILING FEE RECEIVED</b> 1502	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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